

REMARKS

Claims 1-27, 42-43, 48-50, 52-65, and 68-114 were pending in the present application. By virtue of this response, claims 88-92 and 94-97 have been amended. Accordingly, claims 1-27, 42-43, 48-50, 52-65, and 68-114 are under consideration. Amendment of certain claims is not to be construed as a dedication to the public of any of the subject matter of the claims as previously presented.

Attached hereto is a marked-up version of the changes made to the claims by the current amendment. The attached pages are entitled "VERSION WITH MARKINGS TO SHOW CHANGES MADE."

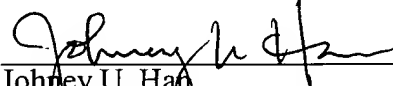
CONCLUSION

In the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that an extension and/or other relief is required, applicants petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing docket no. 441742000102. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Respectfully submitted,

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VERSION WITH MARKINGS TO SHOW CHANGES MADE

In the Claims

Please amend claims 88-92 and 94-97, as shown below.

88. (Amended) A method of magnetically deploying a [bypass] tubular graft comprising:

[forming a first opening through a tissue wall defining a body lumen via a tissue perforating mechanism;]

engaging [the] a tissue wall [at a location spaced apart from the first opening] between a proximal attractive element and a distal attractive element [disposed along the body lumen];

forming [a second] an opening through the tissue wall [at said location with said mechanism] with a tissue perforating mechanism; and

attaching [an end of] a tubular graft to the [second] tissue wall at the opening such that the tubular graft and the body lumen are in communication.

89. (Amended) The method of claim 88 further comprising advancing an elongate catheter intralumenally toward a selected site along the body lumen prior to forming the [first] opening through the tissue wall.

90. (Amended) The method of claim 88 wherein prior to engaging the tissue wall [at the location spaced apart from the first opening], the method further comprises:

advancing the tissue perforating mechanism through [the first] a second opening [to the location] spaced apart from the [first] opening; and

positioning the tissue perforating mechanism over the location via a magnetic force exerted on the mechanism.

91. (Amended) The method of claim 88 further comprising advancing a graft guide distally through the [first] opening [to said location and through the second opening] prior to attaching the end of the tubular graft to the [second] opening.

92. (Amended) The method of claim 91 further comprising advancing the tubular graft along the guide via a graft controller to a bypass position [in which the graft extends through the first opening to the second opening] prior to attaching [the end of] the tubular graft to the [second] opening.

94. (Amended) The method of claim 91 wherein said graft guide comprises a distal region of the catheter, and the step of advancing the graft guide comprises distally advancing the catheter until the distal region of the catheter extends through the [first and second openings] opening.

95. (Amended) The method of claim [88] 90 wherein the first and second openings are formed through tissue walls of a first blood vessel and a second blood vessel, respectively, and whereby the graft, when secured, provides a fluid conduit coupling the first and second blood vessels.

96. (Amended) The method of claim 88 wherein [at least one of] the [openings] opening is through an organ tissue wall into a cavity of an organ.

97. (Amended) The method of claim 88 further comprising positioning the distal attractive element at the [location] opening within the body lumen.